

Refugee Health EVENT



HIV in the refugee context Conference will begin at 6:15pm

Please note, this presentation is being recorded for educational purposes



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Refugee Health EVENT



I would like to respectfully acknowledge the traditional owners of the land on which this event is taking place and pay respects to Elders past, present and emerging.

Refugee Health EVENT



- Welcome to those connecting via Video Conference
If you have a question, please type in questions into the Zoom text box and we will ask the presenters on your behalf.
- Phones on silent
- Toilets
- Fire safety
- Please complete the evaluation at the end of the event

Agenda

Time	Speaker
6:15pm	Welcome, housekeeping and introduction of case study
6:20pm	Community Perspectives of HIV Mater Refugee Health Advisory Group (G11) Maria Phaltang and Samira Ali
6:40pm	BBV/STI Team, Communicable Diseases Branch, DOH Jacqueline Kennedy
6:50pm	GP and Clinical Lead BSPHN Dr Margaret Kay
7:10pm	Clinical Director – Sexual Health and HIV service MNHHS Dr Julian Langton-Lockton
7:40pm	Program Manager - Hepatitis, HIV/AIDS and Sexual Health Program ECCQ Zhihong Gu
7:50pm	Peer Navigation Team Leader - Queensland Positive People Satrio Nindyo Istiko (Tiko) & Gizelle van Zyl
8:00pm	Panel discussion
8:30pm	Evaluations and Close

Case study

Marie-Clare is a 40 year old Congolese lady who has arrived in Australia on a 204 visa in the last month. She arrived with her 6 children aged 2, 5, 7, 14, 15 and 17 years. She is currently 20/40 pregnant with baby #7. The family are living in rental accommodation (lease for next 6 months).

Previously they were living in a refugee camp in Tanzania for the last 8 years where they had minimal access to basic healthcare. Marie-Claire's husband (the father of her youngest three children and this pregnancy) is still living in the camp and she hopes that he will be able to join them on a partner visa in the next 12 months.

Marie-Clare is HIV positive and has been on ART since diagnosis in 2008. She has arrived in Australia with a 2 week supply of medication. All of her children were born by SVD and were breastfed. The first 3 were born prior to her diagnosis, the last 3 after her diagnosis. She had a PPH during the birth of her 14 year old daughter Precious and received a blood transfusion.

Questions Raised

How is HIV viewed by Marie-Clare and the community?

How can health professionals address her condition in a sensitive way?

What are the perceptions of HIV testing in your country of origin and in Australia?

Community Perspectives of HIV

Group of 11 representatives

Maria Phaltang and Samira Ali

Case Study Continued...

*HAP (Health Assessment Portal) recorded a HIV **health undertaking** for Marie-Claire. The oldest 3 children had negative HIV serology recorded in HAP, there were no HIV serology results recorded for the youngest three. All the children in the family (except Marie-Claire) had MMR and yellow fever vaccines prior to departure. Marie-Claire was not vaccinated – she was given a waiver from live vaccines due to her HIV status. She doesn't recall ever receiving any other vaccines previously.*

Questions for HIV public health?

What is the process from your end if a patient arrives with a HIV Health Undertaking?
What actions should be taken on arrival? What actions should refugee health services take regarding planning for Marie-Clare's arrival? What do you want GPs to do in that process?

HIV Public Health Team

BBV/STI Team, Communicable Diseases Branch, Prevention Division, DOH.

Level 3, 15 Butterfield Street Herston

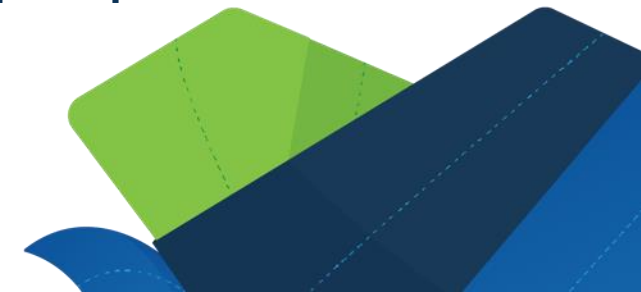
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**Queensland
Government**

HIV Public Health Team

- Manage the notification and enhanced surveillance of HIV for all diagnosed cases in Queensland.
- Assist clinicians with confidential HIV contact tracing
- Provide advice and assistance to clinicians and people with HIV regarding referral pathways into HIV care and ongoing management.
- Provide advice to clinicians to assist them to manage people with HIV who place others at risk of HIV.



HEALTH UNDERTAKING REFERRAL NOTIFICATION

HAP Id

Client Surname / Given Names

Birth Date / Sex

Preferred Language / Interpreter Required

Contact details: (Client has been advised to make contact with HIV public health)

HIV public health team:

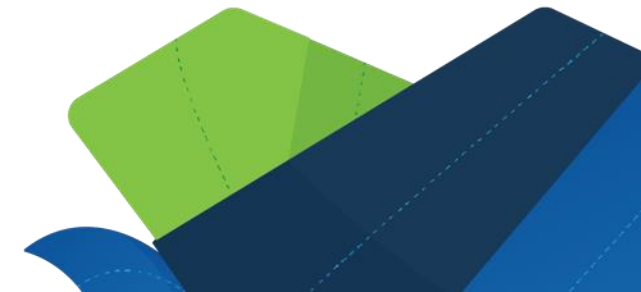
- Use the HAP to review medical reports and identify likely requirements for HIV medical care or contact tracing
- Liaise with the individual (or more often with case worker) to ensure a follow up medical appointment is booked and contact tracing is completed in a timely manner
- Use the HAP to record outcomes as soon as possible to ensure public health risks are minimised.

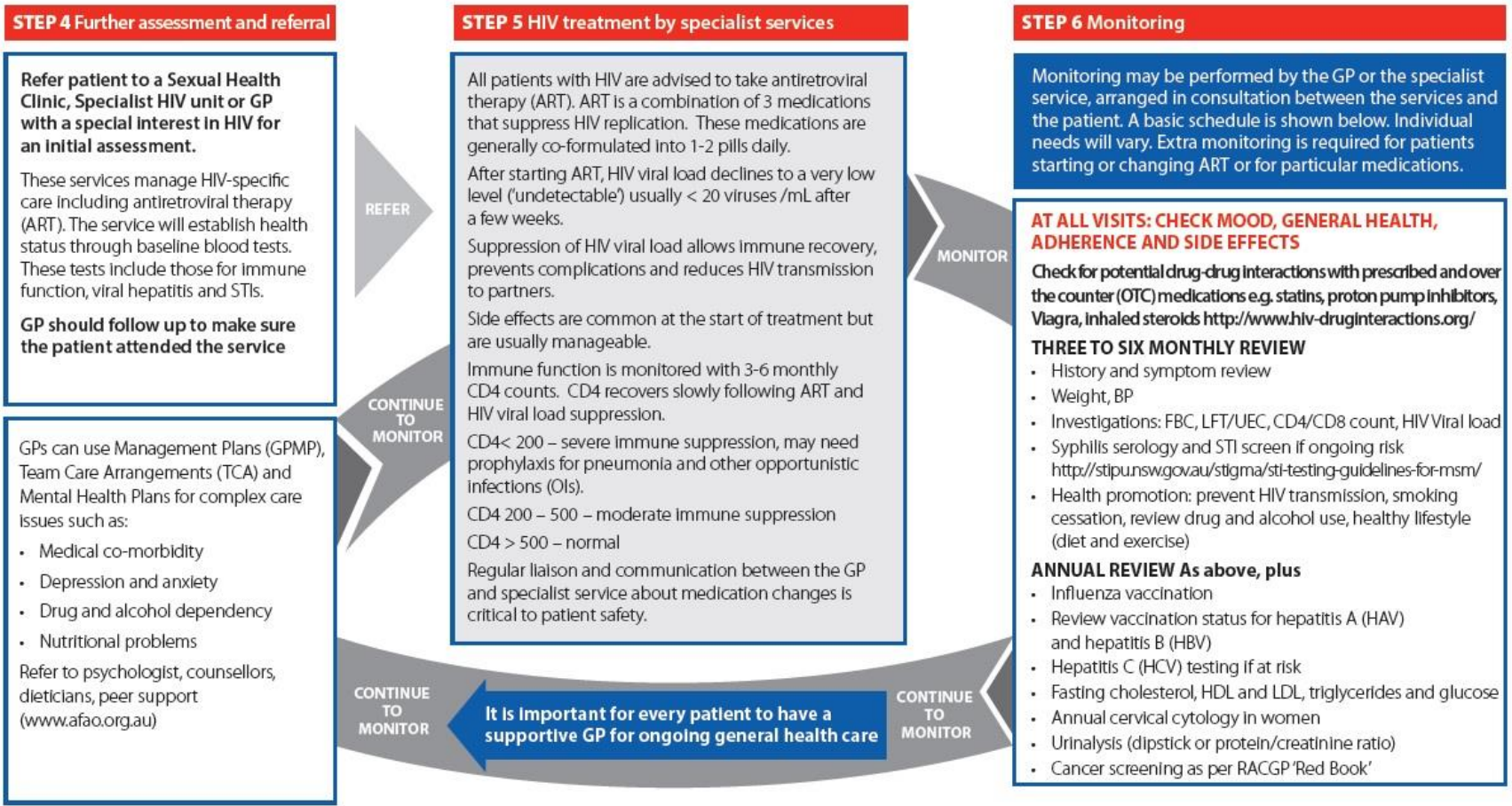


Provide advice and assistance to care providers and/or individuals to enable case management

.....a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's holistic needs through communication and available resources to promote quality cost-effective outcomes.

Marfleet, F, Trueman, S & Barber, R (2013). 3rd Edition, *National Standards of Practice for Case Management*, Case Management Society of Australia & New Zealand.





Case Study Continued...

After arrival in Australia, the family have a pathology screen completed as part of their refugee health assessment with their local GP. The results of the eldest son, Modeste, indicate that although his HIV serology done 6 months ago at his visa medical exam were negative, it is now positive, indicating relatively recent infection. Modeste initially doesn't believe the test results as he states he had previously screened negative and the only person he has had sex with in that time is his girlfriend who was a virgin.

Questions for GP?

How would you give these results to Modeste and what do you do from here? What is your role in caring for this family



HIV - in the Refugee Context – The GP's Role

Dr. Margaret Kay

MBBS(Hons), PhD, FRACGP, Dip.RACOG

BSPHN – Clinical Lead in Multicultural Health

m.kay1@uq.edu.au

16 So far...

- Marie-Clare
- 40yo, 6 children, 20 weeks pregnant
- Previous treatment
- Blood transfusion
- Partner (in Africa) – unknown status

17 Before arrival

- Visa Medical
 - Medical examination
 - TB check– CXR >11 yrs
 - *Recently some children aged 2-11 years from a higher risk country for TB have a tuberculin skin test or interferon-gamma release assay.*
 - HIV (>15 years)
 - Perhaps Syphilis (>15 years)
 - Other check as indicated e.g. Hepatitis B

- ❖ Reliability
- ❖ Delayed Result
- ❖ Not part of the DHC

18 On arrival

- Health Undertaking – BUPA
 - Settlement Agency
 - Condition of their Visa that they be assessed on arrival
 - GP rarely involved
- Health manifest may be available

19 Testing on arrival

- No formal Medical Health Assessment on arrival
- GP initiates the Refugee Health Assessment
 - 707 (within first 12 months)
- History, Examination, Investigations and Management Plan

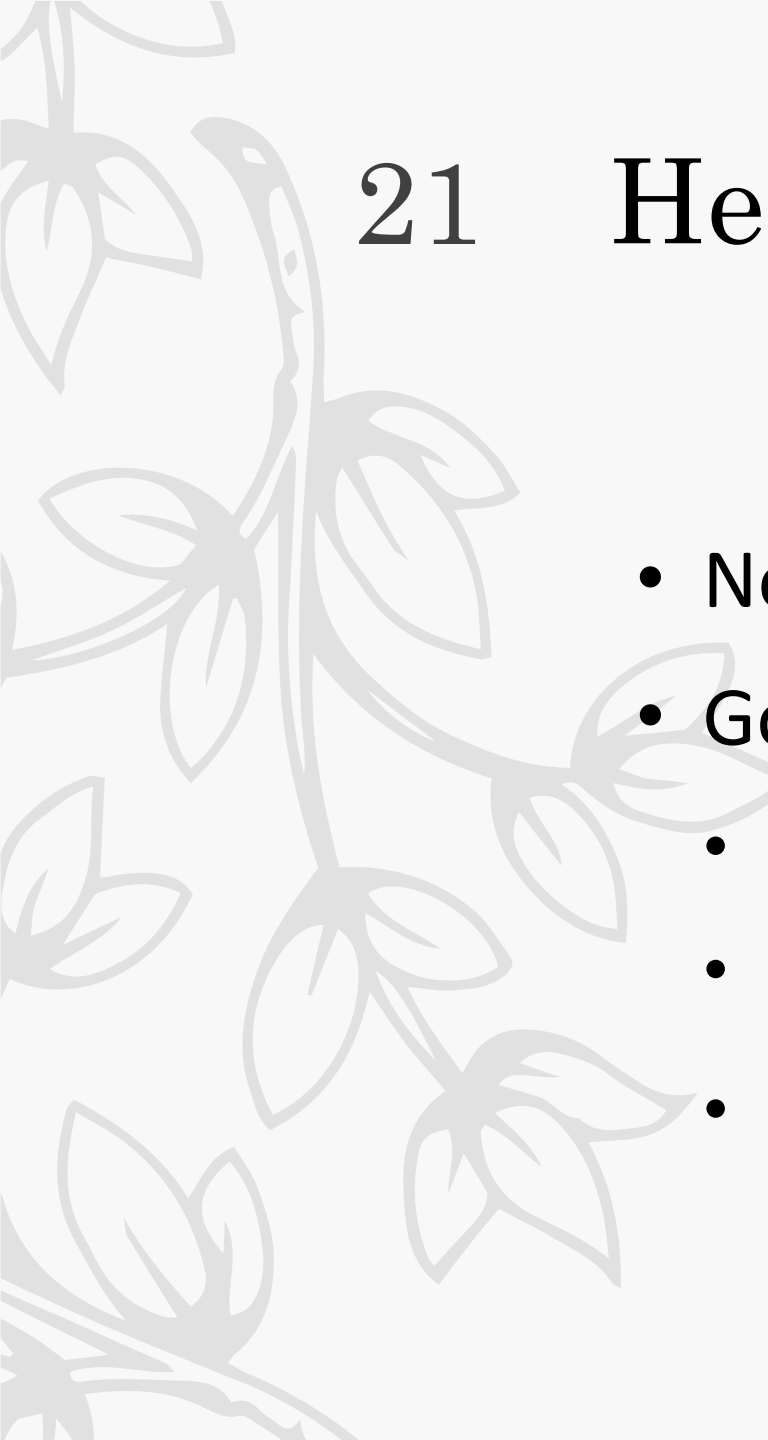
20 Testing for – HIV – Kirby Institute

For New Diagnoses of HIV

- 2013–2017 - late diagnoses are higher in people born in
 - Central America (56%)
 - Sub-Saharan Africa (47%)
 - Southeast Asia (42%)
- late diagnoses also higher in people with heterosexual sex (46%)

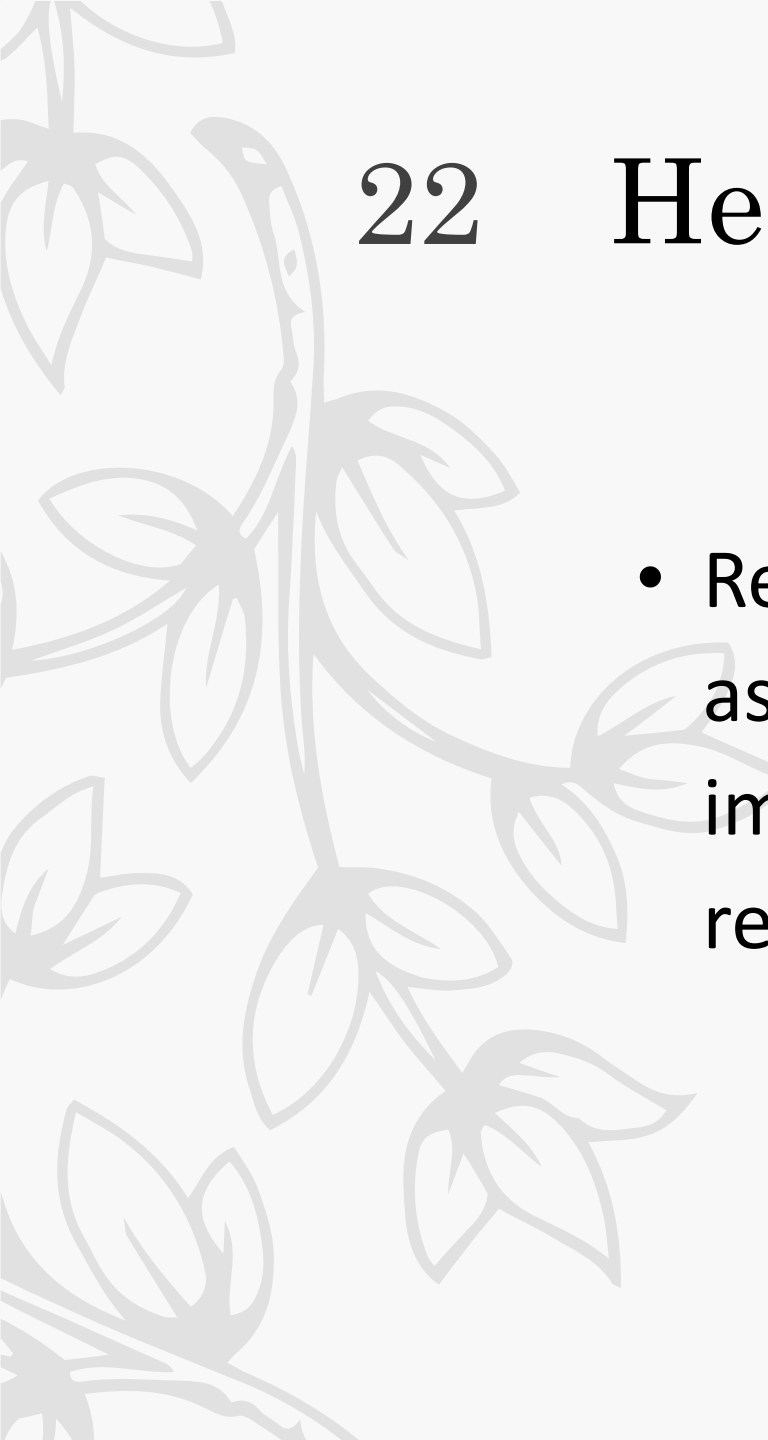
11% Australians with HIV remain undiagnosed

> 25% diagnosed with HIV in 2017, in Qld, were first diagnosed Overseas



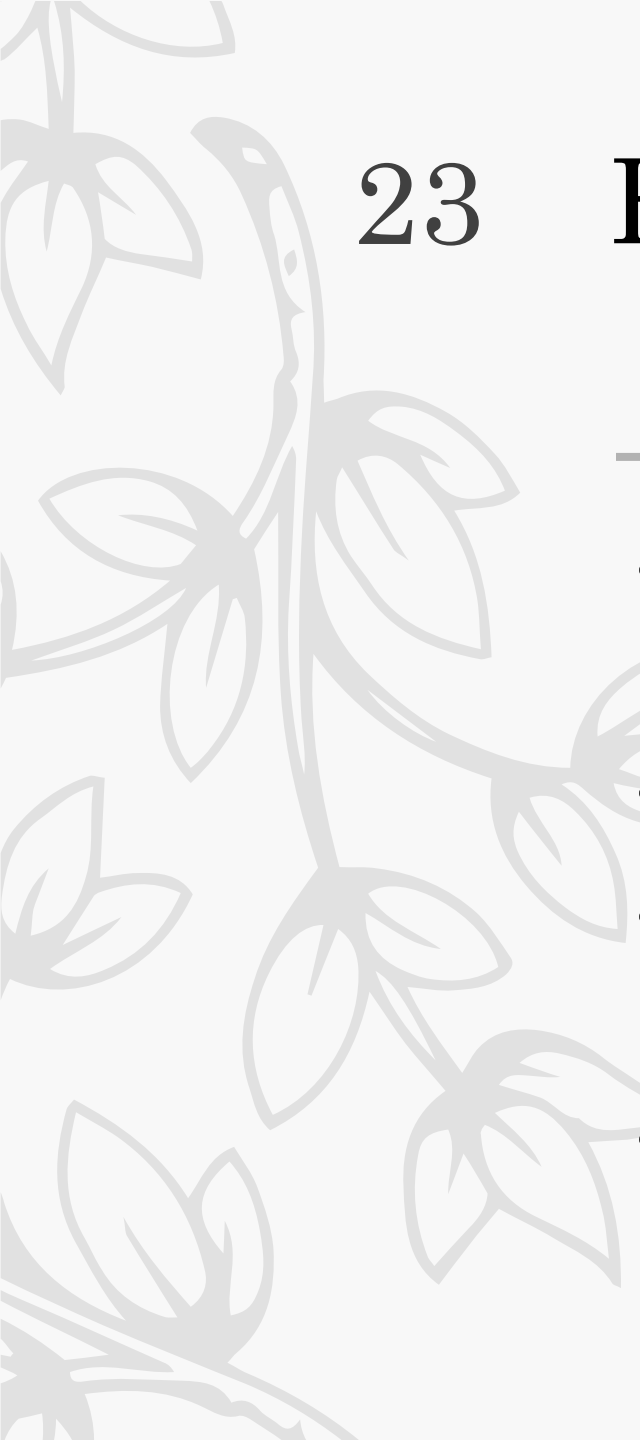
21 Health Assessment

- Not just the blood tests
- Good History
 - Allergies, PMH PSH POH
 - Listen to the story – journey
 - Presenting complaint / expectation



22 Health Assessment

- Remember to reassure the client that the health assessment is a check up and does not have any implications that will change their current Visa requirements



23 Health Assessment

- Remember to check all the family members (even if previously negative)
- Long time between blood test and arriving in Australia
- How is 'family' defined – new partners / reunification / not all members of the family arrive on refugee visas
- Family visas – less support for refugee health assessment



24 Medical Issues to consider

- Acute health problems
- Chronic Disease
- Nutritional problems
- Infectious Disease
- Genetic Predisposition
- Cultural Beliefs - FGM
- Dental Health Issues
- Mental Health Issues



25 History

- Medications
- Systematic review
- Diet
- Mental health



26 Examination

- All systems
- Nutrition
- Ears/eyes/teeth
- Pregnancy
- Developmental issues in children
- STDs – depending on history

Remember trauma issues



27 Consultation

- Appropriate tests
- **Immunisation**
- Follow up
- Referral
 - Specialist/s
 - Allied health
- Medication

28 Pathology tests

- FBE
- U & E, LFT
- Hepatitis B sAg & sAb
(both are needed)
- Hepatitis C IgG
- Schistosomiasis - IgG
- Strongyloidiasis - IgG
- Syphilis Ab
- **HIV Ab**
- Varicella IgG (if >14 years) –
just vaccinate is <14yrs
- s. ferritin
- s. 25 OH Vitamin D level
- s. Vitamin B12

Consent and
arrange follow up

29 Pathology tests

Tuberculin Skin Test (TST) / IGRA

- local TB Clinic
- Remember the stigma
- Caution - live virus vaccinations
 - MMR/Varicella
 - (Yellow Fever)

30 Other tests to consider

If clinically indicated

- **Malaria** thick/thin film +/- *P. falciparum* Ag
- **Iron studies** e.g. if the ferritin is low
- **beta HCG** e.g. if the patient may be pregnant
- **TFTs** e.g. if the patient has a goitre
- **Faecal antigen for *H. pylori*** e.g. if the patient has indigestion
- **Faeces OCP, MCS** e.g. if there are concerns of infection
- **Urine OCP** e.g. positive schistosomiasis serology
- **Urine PCR for Chlamydia and Gonorrhoea** e.g. if risk of STIs
- **Haemoglobin electrophoresis** - after the patient is iron replete



31 Mental Health

Acculturation

QPASTT

**Transcultural
Mental Health**

32 Pregnancy

- Usual tests
- Medical intervention – stressful
- Engagement with hospital – appointments / costs
- Cultural issues – health beliefs – ante / intra / post-partum
- (FGM)

33 Stigma

- Physical illness – HIV, TB, hepatitis
- Mental Health issues
 - HIV-related distress
 - Acculturative stress
- Family stress / breakdown
- Family violence
- Loss of supports – disconnection (Mum)

34 Health literacy

- Education – knowing the diagnosis
 - Authoritative – from nurse / doctor / community leaders
 - Confidentiality / Health Access / Primary Care / Hospitals
 - Relevant to the patient’s life – lifelong treatment / prevention / cost
 - Risk behaviours
 - Be careful with handouts – language / relevance
 - Interwoven with other important health messages
 - Diet
 - Exercise
 - Music – relaxation
 - Medication – regular / sharing

35 PrEP

- Protection of HIV-negative partner – medium/high risk
- Normal Renal function
- No nephrotoxic medications
- Consider risks of other STIs
 - Vaccinate for Hep B
- Daily PrEP
- Monitoring – 3 monthly



36 Visiting Friends and Relatives (VFRs)

- Comfortable space with family
- Lower perception of risk
- Higher risk of infection
- Reduced use of protective behaviours
- Travel safe messages...



37 Questions

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Questions for Specialist Physician in Sexual Health and HIV medicine?
What is your role in caring for Modeste and Marie-Claire?



LINKED HIV CARE

SEXUAL HEALTH AND HIV SERVICE

REFERRAL PROCESS

- Immigration
 - Visa application
 - Refugee
 - Protection visa
- QPP Rapid / PHU
- Adhoc testing GPs /PHN Health pathways

NO BARRIER TO CARE

- No Barrier to care
- Free at point of entry
- Nurse manager
- Interpreter
- Specialist
- Community links

HIV TESTING

- No cost SHHS
- Community testing RAPID

90 90 90 – 2020.

95 95 95 - 2030

- 2019 Australia / Botswana/ UK 90 90 90
- Global 75 79 85
- U=U
- 90 90 90 + 90 (Quality of life)
- Eighth National HIV Strategy 2018-2022

SHHS

- PLWH care at SHHS ~ 800+
- 10% Medicare ineligible
- 8% Women
- Broad spectrum of cultural background
- 100 : 95: 95
- Multi service and discipline model – Specialist Medical Officers, Nursing, Psychology, Pharmacy

TREATMENT AND ONGOING CARE

- At SHHS clinics at Biala, Redcliffe , Caboolture (850+
- No cost or Medicare requirement
- Full medical work up including all HIV baseline tests
- TB
- Opportunistic infections
- Co morbidities
- Full medical history
- Sexual partners and dependants including children

TREATMENT AND ONGOING CARE

- Nurse manager
- Specialist Clinician
- Other Clinicians (Respiratory, ID etc)
- Paediatric
- NGOs
- Cultural links
- GPs

HIV TREATMENT

- Baseline results
- Hepatitis B
- TB
- Pregnancy
- Correctional services
- Co medications

HIV TREATMENT

- Compassionate access programs from pharmaceutical companies
- QPP Emergency fund
- Import from country of origin
- Generics
- PBS listed

ONGOING CARE

- Nurse Manager
- NGOS
- Community Services
- Interpreter services
- Usually monthly review for 2-3 months
- PrEP for Partners

COMPLEX MANAGEMENT

- If Children positive, working closely with QCH Infectious Diseases
- Acute services at RBWH
- QPP Peer navigator
- Interpreter
- Compassionate access to HIV medication
- Psychology
- Pharmacy
- Weekly multidisciplinary Case Conference
- S100 prescribers
- Immigration experts

COLLABORATIVE CARE

- Cultural, religious and personal beliefs
- Community support
- Children and Family
- If Interpreter is needed , ensure they meet the needs
- Good communication with other services
- Build relationship for long lasting engagement with care
- Sexual Health Network
- Listen

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Support Available for this Family in the community

Ethnic Communities Council of Queensland (**ECCQ**)

Queensland Positive People (**QPP**)

Refugee Health EVENT



Question for ECCQ

How would your service support this family?



CALD Hepatitis, HIV and Sexual Health Services

Zhihong Gu

Program Manager

Ethnic Communities Council of Queensland (ECCQ)

www.eccq.com.au/health

About ECCQ

- Not-for-profit community organisation
- Provides a range of services for people from culturally and linguistically diverse communities (CALD) in Queensland:
 - **Aged Care Services:** home care and residential care
 - **Multicultural Programs:** training for CALD community leaders and job seekers
 - **Community Health Programs:**
 - Chronic Diseases Program
 - **Hepatitis, HIV and Sexual Health Program**

Hepatitis, HIV and Sexual Health Program

- State-wide services funded by Queensland Health
- Covers viral hepatitis, HIV and Sexually Transmissible Infections
- Provides **free**
 - **information and community education** in community languages and English
 - **resources** in different languages and English
 - **support** individuals and families (hepatitis)
 - **Fibrsocan test**
(hepatitis, SE Queensland only)



Our HIV Services

- **Community education:** groups, families, individuals
- **Information provision** via phone, email, social media
- **HIV resources:**
 - HIV Factsheet (Chinese Vietnamese and English)
 - Know Your Status (English)
- **Free condom packs**
 - 3 different sizes with information



**HIV is still here.
Be in control.
Know your status.**

Why get an HIV test?

It is the only way to know your status.

If you test positive, you can start treatment sooner and still live a healthy lifestyle. The earlier you know the result, the better your health outcomes.

By knowing your status, you can better protect yourself and others.

Who should get tested?

You should get an HIV test if you:

- have not had an HIV test in the last 12 months
- have had sex without a condom in Australia or overseas
- have shared needles
- have had a blood transfusion overseas
- have had a piercing, tattoo or medical procedure using unclean tools
- have participated in cultural practices involving blood
- are concerned about possible past risks of exposure to HIV

HIV and AIDS

What is HIV?

HIV stands for Human Immunodeficiency Virus (HIV). It is a virus that damages the body's immune system (your body's defence system). Without treatment, HIV makes your immune system very weak after many years of infection.

What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. It is the late stage of an HIV infection. At this stage, your body can no longer defend itself and it is very easy to get various diseases such as cancer, TB or other infections. Many people die from AIDS due to these diseases. AIDS cannot be transmitted between people, but HIV can.

How do people get HIV?

HIV can only be transmitted through bodily fluids including:

- blood
- semen
- vaginal fluids
- breast milk

There are only a few activities that can put people at risk of getting HIV.

- Sex: having unprotected sex (sex without a condom) with someone who has HIV.
- Mother to child: a mother who has HIV can pass on to her child during pregnancy, childbirth and breastfeeding. However, this risk is very low in Australia because there are ways to prevent mother-to-child transmission. A mother living with HIV can have a healthy baby.
- Blood contact such as using un-sterile medical equipment, sharing needles and syringes, or receiving blood transfusions and organ/tissue transplants that are contaminated with HIV. This risk is extremely low in Australia.

HIV is not spread by:

- Hugging
- Kissing
- Sharing food, cups, drink bottles or utensils
- Shaking hands
- Saliva
- Sweat
- Urine
- Mosquitoes

How do you know you have HIV?

Only an HIV blood test can tell if you are infected or not. All GPs can provide a

confidential HIV test. You can also get a test at your local sexual health clinic.

If you are concerned or think that you have been at risk of HIV, then you should get tested.

Is there treatment for HIV?

Yes, but there is not yet a cure. HIV treatment called Antiretroviral Therapy (ART) is very effective. Early testing and treatment can:

- Prevent HIV progressing to AIDS
- Reduce HIV damage to your body to a very low level even undetectable
- Reduce the chance of passing HIV on to other people
- Live a longer and healthier life

HIV can be greatly reduced in the body if a person is on effective treatment. In fact, HIV can be so low that current tests cannot detect it, and this is called an "undetectable viral load". People with an undetectable viral load cannot transmit HIV, but it is not "cured". If treatment is stopped, the virus will increase again. It is very important to continue the treatment; usually people just need to take one pill a day.

How do I protect myself?

There is no vaccination for HIV. It is very important to use the following methods to protect you and others:

- Avoid direct blood contact
- Take HIV treatment.

Post-exposure prophylaxis (PEP) is a 4-week course of anti-HIV drugs that may prevent HIV infection after exposure. To be most effective, PEP should be started as soon as possible after exposure to HIV, within 24 hours is the best, but can be taken up to within 72 hours. PEP can only be prescribed by doctors at sexual health clinics and Emergency Departments in major hospitals. Some GPs with HIV training can also prescribe HIV medicine. You can find an HIV GP at www.aids.org.au/hiv/prescriber-list

Pre-exposure prophylaxis (PrEP) is taken by HIV negative people to prevent HIV infection. PrEP is not a vaccine. It only works when you take it every day. If you stop taking PrEP, you will not be protected.

Any GP can write a script for PrEP to order PrEP online at www.greencrosspharmacy.com.au. The name of PrEP on this site is called "Trered EM".

Because PrEP is HIV medicine, there are some side effects when you take it. You cannot take another person's HIV medicine to prevent HIV.

For more information, please contact ECCO at www.ecco.org.au

This resource was produced by ECCO with funding from QLD Health

January 2018



Bilingual Community Health Workers



Acholi,
Juba Arabic,
Swahili,
English



Dinka, Arabic,
Juba Arabic,
English



French,
Kirundi,
Kinyarwanda,
English



Vietnamese,
English

Vietnamese,
English



Burmese,
English



Swahili,
Kinyarwanda,
Kirundi,
English



Mandarin,
English



Dari,
Pashto,
Persian,
Russian,
French,
English

Referrals

Anyone can make a referral for :
HIV education or support for
Hepatitis-HIV coinfections

Referral form download

www.eccq.com.au/health

OR

Email: health@eccq.com.au



Referral to the Ethnic Communities Council of Queensland (ECCQ)

Viral hepatitis & HIV education and testing support (please ask for consent before making referral)

Details of referrer

Referral date:

Contact person:

Name of organisation/clinic:

Phone: Mobile:

Email: Fax:

Client details

Name: Age: Gender:

Phone: Mobile:

Email:

Preferred contact method:

Language spoken: Country of Origin:

Is an interpreter required: **Yes/No** Preferred gender of interpreter: **Male/Female**

Support person (a family member or friend/other) can be contacted: **Yes/No**

If yes, please provide details:

Any issues for support identified by the referrer or client?

Support received from other agencies, if any (e.g. housing, transport, counselling):

Please email the completed form to referrals@eccq.com.au or Fax: 07 3846 4453

Ethnic Communities Council of Queensland, 261 Boundary Street, West End, QLD 4101
www.eccq.com.au

Resources

- Download a copy or order form

www.eccq.com.au/health

- Email

health@eccq.com.au





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Questions for Queensland Positive People

How would your service support this family?

What are some practical strategies to talk to patients about?



Queensland Positive People

INCLUSIVE, INNOVATIVE HIV SERVICES

Satrio (Tiko) Nindyo Istiko

Peer Navigation

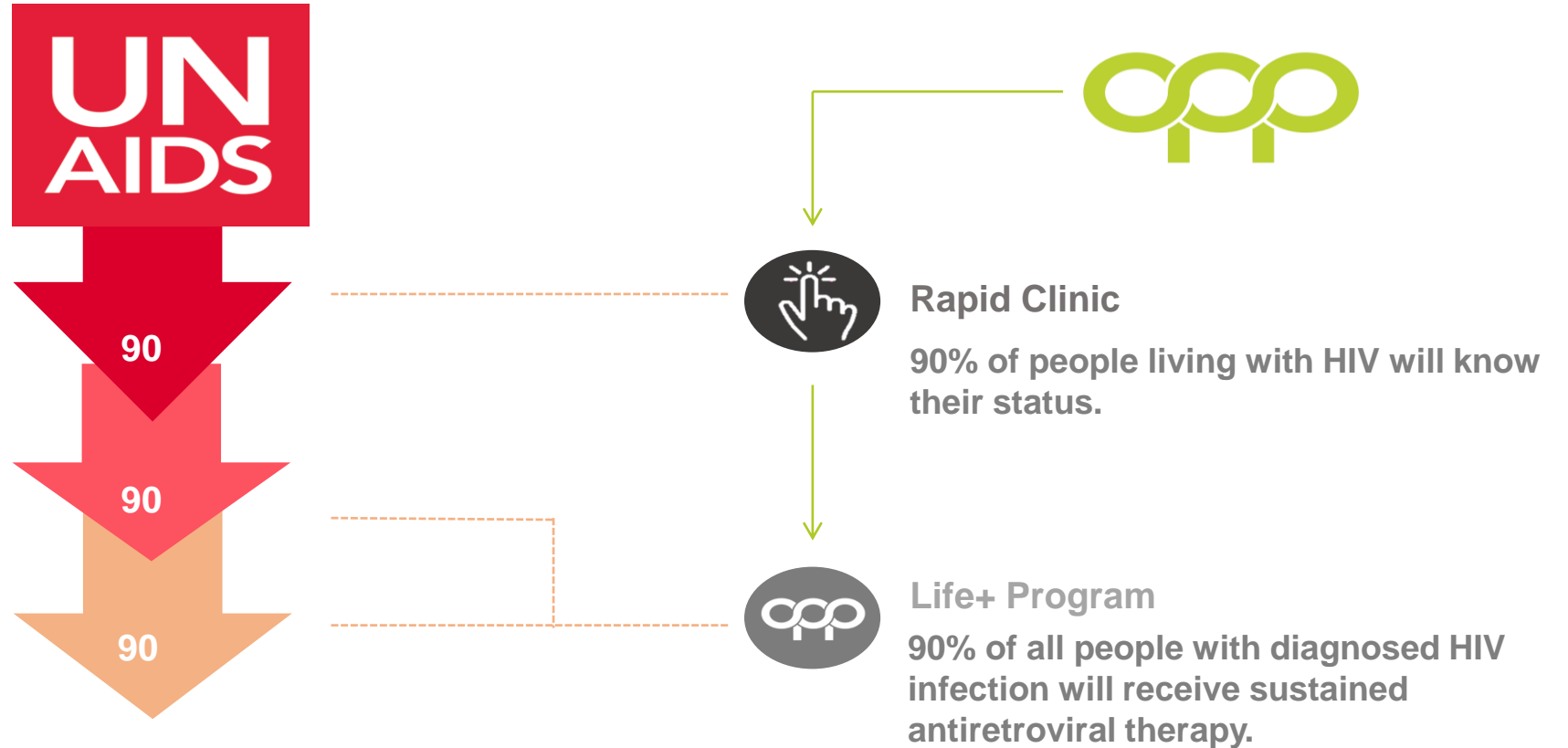
Team Leader

Gizelle van Zyl

Stigma & Discrimination

Case Manager

Designing models of care aligned with funding priorities



*Seventh National HIV Strategy 2014-2017

*HIV action plan Qld 2017-2021

90% of all people receiving antiretroviral therapy will have viral suppression.

Goals of Life+ Program – Q Health funded treatment & care



Case management/
Treatment Support



Peer Navigation/Support



Stigma & Discrimination
Program

- Address barriers to treatment initiation/adherence and retention in care
- Reduce the time between diagnosis and uptake of treatment
- Prevent HIV disease progression in PLHIV
- Reduce the possibility of onward transmission
- Improve **self management** & HIV health literacy
- Address individual & systemic stigma/discrimination and barriers to treatments access and access to care
-



Treatment Support

- **Case Management**
- **Address barriers to treatment initiation/adherence and retention in care**
- **Barriers can prevent people accessing services/ support/ treatment/ care**
- **Each barrier can affect other barriers**
 - **Trust**
 - **Shame**
 - **Past experience**
 - **Mental Health**
 - **Trauma**
 - **Communication**
 - **Language**
 - **Lack of knowledge**
 - **Transport**
 - **Many more**

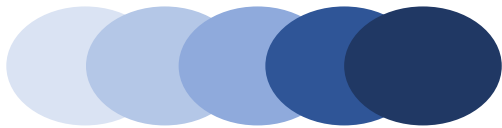




Treatment Support



- **Support**
- **Information**
- **Linkages to other services**
- **Self- management and empowerment**





Stigma & Discrimination Program



- **Enquiries, Case Management, Referrals**
- **Address individual presentations of stigma, discrimination or other HIV-related legal problems affecting quality of life**
- **Improve the legal literacy of PLHIV providing education, information and time limited case management support**



Stigma & Discrimination Program



For people living with HIV there can be a great deal of fear about disclosing, and the impact of disclosure.

1. HIV transmission and the law

- **Public health approaches**
- **Criminalization**
- **Civil law**

2. Migration

3. Privacy and Discrimination

- **Will I be treated differently, unfairly or less favourably if I disclose?**
- **Will my confidentiality be respected?**

Life+ Program: Peer Navigation

Peer Navigation's Goals

- Improve health outcomes for people who are newly diagnosed or re-engaging or at risk of falling out of care
- Reduce time between diagnosis and treatment uptake
- Increase HIV health literacy
- Improve ability to self manage HIV
- Build resilience
-



Peer Navigation

Early and brief intervention model delivered by peers providing HIV information and support.



Peer Navigation- the Team

- Geographically distributed team of Peer Navigators (originally 17, currently 9 with 3 'Peer Case Managers')
 - 2 heterosexual males (1 African and 1 Caucasian)
 - 3 heterosexual women (2 African and 1 Caucasian)
 - 7 gay males (1 Asian, 6 Caucasian)
 - 2 refugees
- Located in Cairns, Townsville, Rockhampton, Gold Coast and Brisbane and outreach to all other areas as required
- Full time, part time and casual
- Office, clinic (TSV) and/or community based



Peer Navigation for Refugee PLHIV

- Medicare ineligible asylum seekers
 - Support in accessing HIV care and treatment
- Supporting adolescents born with HIV
 - Collaborative care with Treatment Support/Case management and HIV Public Health Team
 - Offering both individualised and group peer support
 - Extending the support to their parents
- Sharing lived experience of HIV and immigration
 - Collaborative support with Stigma & Discrimination Case Manager
 - Offering personal experience to address the anxiety and stress induced by migration experience

Life+ Program – Healthshare- support for primary care

- Online information for GP's and patients on HIV treatment care and support services
- HIV Clinical content provided by ASHM
- Fact sheets on HIV are integrated into the GP's clinical software (Best Practice/Medical Director/Genie) and available online.
- Ability to refer directly to Life+ when with patient
- Printable fact sheets puts content in the hands of the patient immediately
-

Relevant resources

- Medicare ineligible factsheet: <https://www.qpp.org.au/qpp-publications/medicare-ineligible-fact-sheet>
- HIV and Immigration: <https://www.ashm.org.au/products/product/hivandimmigration>
- QLD Disclosure Guide: <https://www.qpp.org.au/qpp-publications/hiv-disclosure-guide>

Summary

- Adaptive and flexible services for PLHIV
- Inclusive service, drawing upon the diversity of our staff
- Highly collaborative, both within the organisation and with external service providers

VIDEO: How does Peer Navigation work?



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Panel Q & A

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Evaluations and Close

Thank you for attending